### **CAMPAIGN FINANCIAL DISCLOSURE STATEMENT**

For Single-Measure Committees (SMC)

1. DATE OF REPORT	2. NAME OF COMP	MITTEE			
January 26, 2015	Citizens for	Fiscal Sanit	V		:-
2. SHORTNAME OF COMMITTEE (IF APPLICA	BLE)				
voteno3.org					
ADDRESS AND PHONE     Street or Rural Route	City	Stat	e Zip Code		Phone
1701 Sweetbriar Ave.	Nashville	TN	37212	6	315-289-1397
4. MEASURES SUPPORTED OR OPPOSED	*COTTVIIIO				
Amendment 3					
5.A. NAME OF POLITICAL TREASURER			1	5.B. DATE	APPOINTED
William W. Howell				Januar	y 14, 2015
6. CATEGORY OR REPORT (Check one)	IXI		1 г	1	
FIRST SECOND THIRD	FOURTH	PRE- PRI		YEAR	YEAR-END
QUARTER QUARTER QUARTER 7.A. BEGINNING DATE OF REPORTING PERIOD	QUARTER P	RIMARY GENE 7.B. ENDING DATE	OF REPORTING PERI		SUPPLEMENTAL
October 26, 2014		January 1	5 2015		
8. (Check one)		oundary to	0, 2010	7	
A. This committee is exempt from deta	ilad diedoeurae hacai	se contributions (inc	luding in-kind) receiv	ed total \$1.0	00 or less AND
expenditures total \$1,000 or less for is true and that the committee has c	this reporting period.	I do solemnly swea	r or affirm that the inf	ormation cor	itained in this statement
and 10f must also be completed.)	•				
B. X This committee is required to file a c	detailed financial discl	osure because contri	butions (including in-	kind) receive	d total more than
\$1,000 and/or expenditures total mo	one than \$1,000 for this	s reporting period. I	do solemnly swear or	r affirm that	he information con-
tained in this statement is true and t tures requried to be reported by poli	hat the following page tical campaign commi	ttees by the Campai	nd accurate accounti on Financial Disclosu	ng of all con re Act.	inbutions and expendi-
(dies inquires to so reported all per			•		
	William	, 21 10			1/2/1201
	W When U		l transurar		1/26/2015 date
		signature of politica	i treasurer		date
9. WITNESS SIGNATURE					
	N. O.	1 00	`		1/20/10
	1 hur	hill	w		1/26/15
		signature of with	1689		date /
40 CUMMADV					-
10. SUMMARY			s 7.00	8.16	
a. BALANCE ON HAND LAST REPORT	.,,	***************************************	*		
b. TOTAL RECEIPTS THIS PERIOD					80
c. TOTAL DISBURSEMENTS THIS PERIOD			<u> 19.2</u>	34.54	
d. BAŁANCE ON HAND (10.a. plus 10.b.					2.688.62
					-0-
e. TOTAL LOANS OUTSTANDING					_1.1_
	***************************************	***************************************	***************************************		
f. TOTAL OBLIGATIONS OUTSTANDIN	1				

#### **SUMMARY PAGE - SMC**

11. NAME OF COMMITTEE (In Full)	12. REPORT COVERING THE PERIOD
Citizens for Fiscal Sanity	FROM: 10/26/14 TO: 1/15/2015
RECEIPTS	
13. CONTRIBUTIONS (other than loans and interest)	. 3 365
a. Unitemized Contributions (\$100 or less from each source this period)	
b. Itemized Contributions (over \$100 from each source this period)	
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 13.a. and 13.b.)	4
14. LOANS RECEIVED THIS REPORTING PERIOD	1
15. INTEREST RECEIVED THIS REPORTING PERIOD	
16. TOTAL RECEIPTS (add 13.c., 14., and 15.) (must be shown in item 10.b.)	\$ <u>14.915</u>
DISBURSEMENTS	
17. EXPENDITURES (other than loan payments)	
a. Unitemized Expenditures (\$100 or less each payee this period) (must be listed by gasoline)	category - e.g., printing, postage,
\$	
\$	<del>- 3</del>
\$	
	<del></del>
*	
Total of Expenditures (\$100 or less each payee)	\$
b. Itemized Expenditures (Over \$100 each payee this period)	\$ <u>19,234.54</u>
c. TOTAL EXPENDITURES (other than loan repayments)(add 17.a. and 17.b)	\$ <u>19,234.54</u>
18. LOAN REPAYMENTS MADE THIS PERIOD	<u>-0-</u>
19. TOTAL DISBURSEMENTS (add 17.c. and 18.) (must be shown in item 10.c.)	\$ <u>19,234.54</u>
20.IN-KIND CONTRIBUTIONS	
a. Unitemized in-kind contributions (\$100 or less from each source this period)	\$
b. Itemized in-kind contributions (over \$100 from each source this period)	\$ 12,093,54
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add 20.a. and 20.b.	\$ <u>12,093.54</u>
21.LOANS	
LOANS OUTSTANDING (must be shown in Item 10.e.)	s <u>-0-</u>
22.OBLIGATIONS	
a. Unitemized Obligations Outstanding (\$100 or less each)	\$
b. Itemized Obligations Outstanding (Over \$100 each)	
c. TOTAL OBLIGATIONS OUTSTANDING (add 22.a. and 22.b.) (must be shown i item	
At 1411@ Appropriation of a contraction from manufacture and a contraction of the contrac	



# ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD
Citizens for Fiscal Sanity			FROM:10/26/1	
3. TOTAL !TEMIZED CAMPAIGN CON	ITRIBUT	IONS FROM PRECEDING PAGE (enter \$0 if first itemized pag	ie)	Amount
		CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100 f		luring the period)
First Name	M.I.	Last Name/Organization Name Tennesseans for Fair Taxation		Amount of Contribution
P. O. Box 68427				
Nashville	State TN	37206	1	\$8,100
Occupation				2
Employer				
First Name David	M.I.	Last Name/Organization Name Fardon		Amount of Contribution
1 Sharonwood Dr.				
Nashville	State	Zip Code 37215		\$250
Occupation Attorney				
Employer Harwell, Howard, Hyn	e, Ga	bbert & Manner		
First Name Calvin	M.1.	Last Name/Organization Name Miller		Amount of Contribution
6744 Pennywell Dr.				
Nashville	State	Zip Code 37205		\$200
Occupation educator		rë.		
Vanderbilt University				
First Name Anne	M.t.	Last Name/Organization Name Mayhew		Amount of Contribution
1400 Kenesaw Ave.				
Knoxville	State	37919		\$200
Occupation retired				
Employer				
First Name Ann & Dave	M.I.	Last Name/Organization Name Hake		Amount of Contribution
3524 Timberlake Rd.				
Knoxville	State	37920		\$300
Occupation Best Effort Made				
Employer				
5.TOTAL ITEMIZED CONTRIBUTIONS				÷
(Carry forward to item 3. of next page if (If this is the last page of contributions, to		pages of this form are used.) t must be shown in item 13b. of summary.)		\$9,050



# ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE			2. REPORT COVE	RING THE PERIOD
Citizens for Fiscal Sanity			FROM:10/26/1	
TOTAL ITEMSTED CAMPAIGN CON	ודוומות	IONIC EDOM DRECEDING DACE (outer \$0 if first Hemized no	na)	Amount \$9,050
<ol> <li>TOTAL ITEMIZED CAMPAIGN CON</li> <li>COMPLETE THE APPROPRIATE ITEMS</li> </ol>	FORFA	ONS FROM PRECEDING PAGE (enter \$0 if first itemized page of ITEMIZED CONTRIBUTION (contributions totaling more than \$100)	from any contributor	
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Marion	R	Burger		
Address 116 Tamara Lane				1
City	State	Zip Code		¢250
Oak Ridge Occupation	TN	37830		\$250
retired				
Employer				
First Name Nellrose	M.I.	Last Name/Organization Name Levin		Amount of Contribution
Address 1611 Forrest Ave.		23111		
City	State	ZipCode		
Nashville	TN	37206		\$200
Executive Director		THE PARTY OF THE P		
Tennessee Alliance f	or Pro	gress		
First Name Lucy & Richard	M.I.	Last Name/Organization Name Henighan		Amount of Contribution
619 Mountain View				]
City	State	Zp Code 37865		\$250
Seymour	1114	37003		, \$250
retired				-
Employer				
First Name John	M.I.	Last Name/Organization Name Noel		Amount of Contribution
Address 3810 Bedford Ave.		1 11001		1
City	State	Zip Code		1 0050
Nashville Occupation	TIN	37215		\$250
CEO				
Investment Real Esta	ate			-
First Name Lindsay	M.I.	Last Name/Organization Name McDonough		Amount of Contribution
Address	<u> </u>	Mosonough		
2135 Lyons Bend Rd.	State	Zip Code		1
Knoxville	TN	37919		\$1,000
Occupation				
Employer				
5.TOTAL ITEMIZED CONTRIBUTIONS				
(Carry forward to item 3. of next page	if additiona	al pages of this form are used.)		\$11,000
(If this is the last page of contributions,	this amou	nt must be shown in item 13b. of summary.)	16	1

### ITEMIZED STATEMENT OF CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE				RING THE PERIOD
Citizens for Fiscal Sanity			FROM:10/26/1	
		IONS FROM PRECEDING PAGE (enter \$0 if first itemized page		Amount \$11,000
		CH ITEMIZED CONTRIBUTION (contributions totaling more than \$100	from any contributor	
First Name Faith	M.I.	Last Name/Organization Name Young		Amount of Contribution
Address 1004 Tillman Dixon Hw	y.			
Dixon Springs	State	7/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2/2		\$150
Occupation retired				
Employer				
First Name William	M.I. A	Last Name/Organization Name Hotz		Amount of Contribution
1705 Cove Creek Lane				
Knoxville	State	37919		\$200
Occupation Best Effort Made				
Employer				
First Name Victoria	M.I.	Last Name/Organization Name Heil		Amount of Contribution
6130 S. Mt. Juliet Rd.				
নে Hermitage	State TN	Zip Code 37076		\$200
Occupation retired		***************************************		4200
Employer				
First Name	M.I.	Last Name/Organization Name	Cooking Cookin	Amount of Contribution
Address				
City	State	Zip Code		
Occupation				
Employer				
First Name	M.I.	Last Name/Organization Name		Amount of Contribution
Address				
City	State	Zip Code		**
Occupation		1.4		
Employer			A 7 - A	
5.TOTAL ITEMIZED CONTRIBUTIONS		The state of the s		
(Carry forward to item 3. of next page if		pages of this form are used.) t must be shown in item 13b. of summary.)		\$11,550
(v. 200 to 200 t		The state of the s		1

#### **ITEMIZED STATEMENT OF EXPENDITURES - SMC**

1. NAME OF COMMITTEE				2. REPORT COVE	RING THE PERIOD		
Citizens for Fiscal Sanity					4ro: 1/15/15		
					Amount		
3. TOTAL ITEMIZED EXPENDITURES F			enter \$0 if first itemized page) ENDITURE (any expenditures totaling more that	n \$100 to a sigle payon	during the period		
<ul> <li>4. COMPLETE THE APPROPRIATE ITEM must be itemized.)</li> </ul>	S FUR E	ACH HEMIZED EXP	ENDITORE (any expenditures totaling more than	n \$ 100 to a signe payee	onling the believe?		
First Name	Middle Na	ma	Purpose of Expenditure		Amount of Expenditure		
	MICOG NO		contribution processing	1	, and an angent and		
Last Name/Business Name Donately				,	\$171.24		
Address					φ1/1.24		
online	l out	7. 0. 1.					
City	State	Zip Code			+		
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			contribution processing		\$19.57		
PayPal							
Address							
City	State	Zip Code					
First Name	Middle Na	ma	Purpose of Expenditure		Amount of Expenditure		
Ashley	IMOGIO ING		campaign organizer		\$1,800.00		
Last Name/Business Name			Campaign organizer		\$1,000.00		
Dwire Address				•			
2731 Roscommon Dr.							
Murfreesboro	State TN	Zip Code 37128	r				
First Name	Middle Na		Purpose of Expenditure		Amount of Expenditure		
Brian			campaign director		\$8,055.00		
Last Name/Business Name Miller							
Address							
26 Hillcrest Rd.	State	Zip Code	_				
Waltham	MA	02451					
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure		
Last Name/Business Name			campaign supplies		\$3,651.23		
Printing Etc.							
Address 1100 Menzier Lane							
City	State	Zip Code					
Nashville First Name	TN Middle Na		Purpose of Expenditure		Amount of Expenditure		
1 100			robocalls		\$1,914.82		
Last Name/Business Name Toppossoo Education Ass	cociat	ion					
Tennessee Education As:	SOCIAL	IOII			-		
801 Second Ave., North	Cinto	7 in Code	_				
Nashville	State TN	Zip Code 37201		1511-222			
5. TOTAL ITEMIZED EXPENDITURES							
					\$15,611.86		
	dditional j	pages of this form are u			\$15,611.86		

#### **ITEMIZED STATEMENT OF EXPENDITURES - SMC**

1. NAME OF COMMITTEE	mitre				RING THE PERIOD 4TO: 1/15/15
Citizens for Fiscal Sa  3. TOTAL ITEMIZED EXPENDIT	1	RECEDING PAGE	(enter \$0 if first itemized page)	11.0W. 10/20/	Amount \$15,611.86
			PENDITURE (any expenditures totaling more that	an \$100 to a sigle payee o	luring the period,
First Name	Middle Na	ne	Purpose of Expenditure	2	Amount of Expenditure
Last Name/Business Name			advertising		\$\$3,419.16
Facebook			1	Y.	
Address					
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			office supplies		\$10.91
Office Depot					
Address					
City	State	Zip Code			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Brian			computer software & s	ervice	\$93.01
Last Name/Business Name	7-				
Miller Address			<del></del>		
26 Hillcrest Rd.					
City Waltham	State MA	Zip Code 02451			
First Name	Middle Na	me	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name			postage		\$19.60
USPS					
Address					
City	State	Zip Code			
First Name	Middle Na	ITTE	Purpose of Expenditure		Amount of Expenditure
Brian			air travel reimburseme	nt	\$80.00
Last Name/Business Name					i a
Miller Address					
City	State	Zip Code			
First Name	Middle N	arne	Purpose of Expenditure		Amount of Expenditure
Last Name/Business Name					
Address		2			
City	State	Zip Code			
5. TOTAL ITEMIZED EXPENDITION (Carry forward to Item 3. of new (If this is the last page of camp	kt page if additional	pages of this form are	e used.) hown in kem 17b. of summary.)		\$19,234.54

# ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - SMC

1. NAME OF COMMITTEE Citizens for Fiscal Sani			2. REPORT COVER FROM: 10/26/14			
Ollizeris for Fiscal Sam	Amount					
3. TOTAL ITEMIZED IN-KIND CONTRIBUTAL COMPLETE THE APPROPRIATE ITEM	TIONS FROM P	RECEDING PAGE (	enter \$0 if first itemized page)	hataling many than \$100 from an	w contributor during the period)	
	Middle Name	CIVILETO IIV-IVIND C	Description of In-Kind Contribution	s to easing more than \$ 100 nom an	Value of in-Kind Contribution	
First Name				paid staff time, ad in teach		
Last Neme/Organization Name	200 1000		magazine, roboca		\$12,093.54	
Tennessee Education A	ssociatior	1	magazine, roboca	3113		
801 Second Ave., North		i i				
City	State TN	Zip Code				
Nashville Occupation	LIN	37201				
Employer						
First Name	Middle Name	MMOS —ST.	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name						
Address			}			
City	State	Zip Code				
Occupation						
Employer			1			
					7	
First Name	Middle Name		Description of In-Kind Contribution		Value of In-Kind Contribution	
First Name  Last Name/Organization Name	Middle Name		Description of In-Kind Contribution		Value of in-Kind Contribution	
	Middle Name		Description of In-Kind Contribution		Value of in-Kind Contribution	
Last Name/Organization Name	Middle Name	Zip Code	Description of In-Kind Contribution		Value of in-Kind Contribution	
Last Name/Organization Name Address		Zip Code	Description of In-Kind Contribution		Value of in-Kind Contribution	
Last Name/Organization Name Address City Occupation		Zip Code	Description of In-Kind Contribution		Value of In-Kind Contribution	
Last Name/Organization Name  Address  City		Zip Code	Description of In-Kind Contribution		Value of in-Kind Contribution	
Last Name/Organization Name Address City Occupation		Zip Code	Description of In-Kind Contribution  Description of In-Kind Contribution		Value of In-Kind Contribution  Value of In-Kind Contribution	
Last Name/Organization Name  Address  City  Occupation  Employer	State	Zip Code			¥.	
Last Name/Organization Name  Address  City  Occupation  Employer	State	Zip Code			¥.	
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address	State	Zip Code			¥.	
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City	State  State  Middle Name				¥.	
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address	State  State  Middle Name				¥.	
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City	State  State  Middle Name				¥.	
Last Name/Organization Name  Address  City  Cocupation  Employer  First Name  Last Name/Organization Name  Address  City  Occupation	State Middle Name				¥.	
Last Name/Organization Name  Address  City  Occupation  Employer  First Name  Last Name/Organization Name  Address  City  Occupation  Employer	State  Middle Name  State	Zip Code  pges of this form are	Description of In-Kind Contribution		·	

#### **ITEMIZED STATEMENT OF LOANS - SMC**

1. NAME OF COMMITTEE					2. REPORT COVE	RING THE PERIOD
Citizens for Fiscal Sanity	,				FROM: 10/26/1	
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 owed to any person/business at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Loans Received This Perlod	Loan Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name					
LastName/Business Name						
Address						
City	State	ZipCode	Date of Loan		<u> </u>	
6						
First Name	Middle N	атте				
LestName/Business Name						
Address			1			
City	State Zip Code		Date of Loan			
First Name	Middle Name				392111	
LastName/Business Name			-		į.	
CERTIFICATION DUTING COOP WILL TO						
Address						
City	State	Zip Code	Date of Loan			<b>X</b>
First Name	Middle N	lame			Ĭ	
LastName/Business Name		-	-			
Address						
City	State	ZipCode	D. A. C.			
Cay	V.200		Date of Loan			
First Name	Middle N	Vame				
Last Name/Business Name	1			8		
Address						
City	State	Zip Code	Date of Loan	-1151		ii ii
4. TOTALS (Total from *Outstanding Balance - (End of Peri	od)" colum	nn must also be shown				
in item 21 on summary page.)						

### ITEMIZED STATEMENT OF OBLIGATIONS - SMC

1. NAME OF COMMITTEE					2. REPORT COVE	RING THE PERIOD
Citizens for Fiscal Sanity			2-2-2-2-2-2		FROM:10/26/1	4ro:1/15/15
COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED     OBLIGATION (obligations totaling more than \$100 owed to any person/vendor at the end of the reporting period)			Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)
First Name	Middle Name				<del></del>	
Last Name/Business Name						
Address						
City	State Zip Code		1			
Description of Obligation						
First Name	Middle Na	me			****	
Last Name/Business Name	-	ALL PRINCES				
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Name			s Inchine		
Last Name/Business Name	L					
Address						
City	State	Zip Code	· = 1	Ä		1
Description of Obligation			\			-
First Name	Middle Na		341131			
Last Name/Business Name	J	444		ā		
Address						
City	State	Zip Code			-	1
Description of Obligation			1			-
First Name	Middle Na	ame			Î	<u> </u>
Last Name/Business Name			-			
Address						
City	State	Zip Code	1			
Description of Obligation			4	<u></u>		
4. TOTALS			T			
(Total from "Outstanding Balance - (End of Period)" in Item 22.b on summary page.)	column mi	ust also be shown			10	